APPLICATION FOR USE OF ARTIFICIAL TURF FIELDS



Facility Requested_						SERVICES		
Time of Use (includi								
to								
Type of Event/Activity								
Applicant/Contact P (h)					Phone:			
Applicant's Address				City/Zip	<u> </u>			
Applicant's Email Ad	ddress							
	Adults pen to the pu Eugene or Endance Name	blic?	ool Distric	ct activity?	☐ Yes ☐ No			
Address								
City/Zip								
City will bill appl 4. City staff reserv this application.	be returned up applicant is left in good occurs due to responsible licant for dames the right to	under the follo occurs more condition and o actions of the for set-up, cleages or lossed o monitor the	wing con than three is left und the City. tan-up, ar the sin exce the event at a	ditions: e (3) weeks in damaged. nd any damag ss of the depo	advance. Jes to the facilities result	ing from its use of the facility. ations, policies and terms of		
Logitify that Lam an a	uthorized repre			m Liability A	greement I that the above statements	are true to the heet of my		
knowledge. I have red organization I represed regulations and policie excess of the deposit,	ceived a copy ont agree to be as may result in and will jeopa	of the policies a bound by all ap the immediate rdize future use	nd guideling plicable restermination of the fac	nes for the comegulations and pon of the event, ility.	munity use of athletic facili policies. I understand that forfeiture of deposit, legal	ties, and I and/or the violation of any of these responsibility for damages in		
	oilities, costs, ir	ncluding attorne	y fees and	d other costs of		ployees harmless from any and elated to the activities of myself		
	or bodily injury	and property of	lamage. R	Required covera		no less than \$1,000,000 ity's and School District 4J's		
					om participation in, deny an or, national origin, age or d			
I understand that the (supervision of the acti		and Eugene S	chool Distr	ict 4J are not s	ponsors of this activity, nor	will they provide any		
					ake no warranties or guara rticipants will be using the f	intees as to the condition of the acilities at our own risk.		
Applicant's Signature					Date Signed			

Application Approve	d: Yes	No	Ву		Date			
	Amount	Date Pd.	<u>Int</u>	Refund	Rate Per H	our \$		
Application Fee Facility Deposit					Number of	Hours		

Key Deposit Facility Charge Lights					NOTES:				
Proof of Insurance Pr	rovided: Yes	No	N/A	_					
						□ CBk	☐ Chart	☐ Lights	□TS